



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E269085**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02275	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION		
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)
09 - 11 - 2013	1017	COUNTY #
	31	MILES
		CITY #
		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
16 ST NE	BLOCK NO. <input checked="" type="checkbox"/>	12400
	MILE POST	
DISTANCE	OF (REFERENCE OR CROSS STREET)	
200	00	MILES
		FEET
	N	E
	S	W
		MAIN ST

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
				D: 4252398786
LAST NAME	MARTIN	FIRST NAME	JACOB	MIDDLE INITIAL
A				

STREET NEW ADDRESS	8028 145TH DR SE		
CITY	SNOHOMISH	ST	WA
ZIP	982909011		

CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MARTJA0840M	STATE	WA	SEX	M	D.O.B.	09 - 14 - 1992
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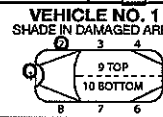
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	NATURE OF INJURIES
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LICENSE PLATE #	0895408A	STATE	WA	VIN#	1D7HW58N15S316071		
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	DODG	MODEL	DAKOT	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.		
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4318622683
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
						D: 4257379637
LAST NAME	BUTSCH	FIRST NAME	LOGAN	MIDDLE INITIAL	A	

STREET NEW ADDRESS	2005 185TH PL SE APT Q203		
CITY	BOTHELL	ST	WA
ZIP	980127908		

CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	BUTSCLA121KS	STATE	WA	SEX	M	D.O.B.	05 - 10 - 1988
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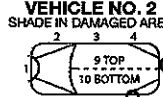
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	NATURE OF INJURIES
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LICENSE PLATE #	AIU7707	STATE	WA	VIN#	1HGEJ8142YL036416		
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	HOND	MODEL	CIVCP	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LOGAN BUTSCH 2716 19TH ST EVERETT WA 98201	
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E269085**

CASE # **13-02275**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Unit 2 was legally parked in the 12400 block of 16 St. N.E. facing Eastbound. Unit 1 was traveling Eastbound on 16 St. From Main Street. The driver of Unit 1 said that he was trying to get a spider out of his vehicle and after he took care of the spider he looked up just as he was colliding with the parked vehicle. There were no injuries reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-11-13 10:59 AM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

9/11/2013 11:49:39 AM

BADGE OR ID # **013**

ORI #

WA0311900

TIME POLICE DISPATCHED

10:17 AM

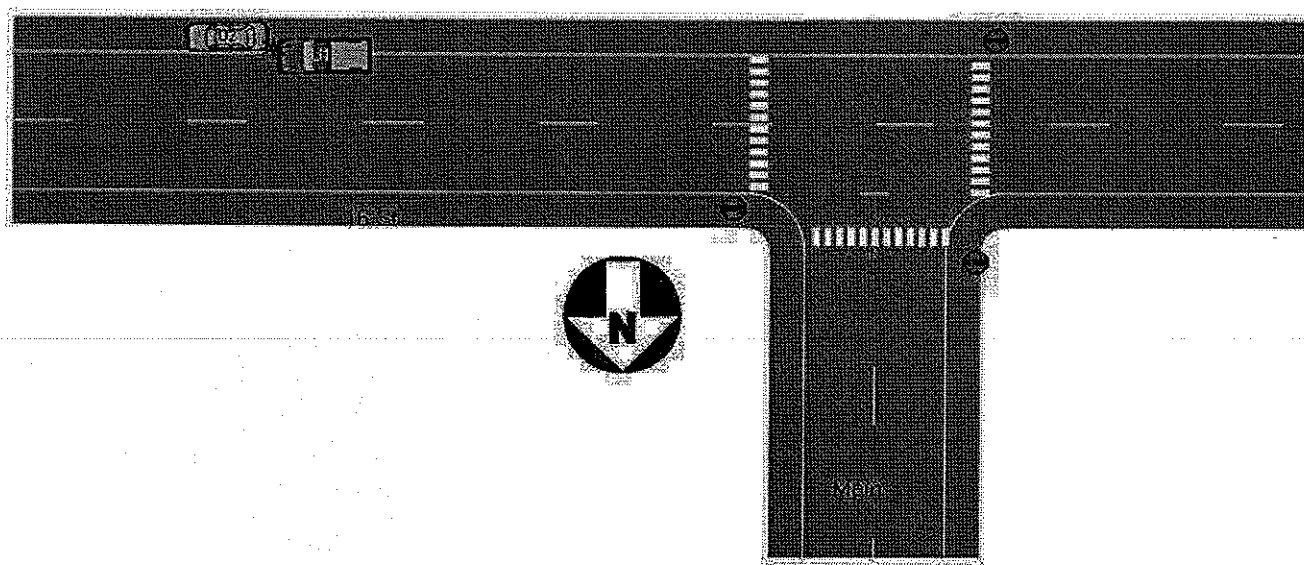
TIME POLICE ARRIVED

10:19 AM

REPORT NO. E269085

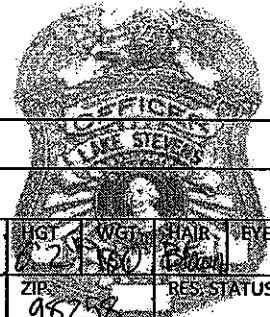
CASE # 13-02275

DATE AND TIME
OF COLLISION 09/11/13 10:17



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Jacob Martin, Jacob, Allen</u>	RACE	ETH	SEX <u>M</u>	DOB <u>09-14-92</u>	AGE <u>20</u>	HGT <u>6'2"</u>	WGT <u>180</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>1410 E lakeshore dr</u>		CITY <u>Lake Stevens</u>			STATE <u>WA</u>		ZIP <u>98258</u>		RES. STATUS	
HOME PHONE		CELL PHONE <u>425 239 8786</u>			PLACE OF EMPLOYMENT <u>Giddens</u>					
WORK PHONE		EMAIL ADDRESS								

I, Jacob Martin, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Today I was driving down 16th when i noticed a spider in my window and took care of that as soon as i looked back at the street I hit a parked car on the side

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

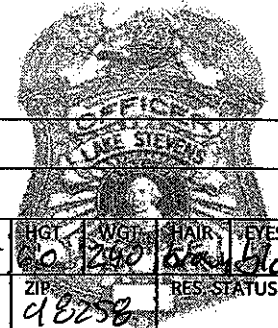
SIGNATURE: <u>Jacob Martin</u>	DATE SIGNED <u>09-11-13</u>	LOCATION SIGNED <u>lakestevens</u>
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Butsch Logan	RACE W	ETH	SEX M	DOB 05/10/88	AGE 25	HGT 6'0"	WGT 120	HAIR BRN	EYES BLU
STREET ADDRESS 12412 16th St NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-737-9637		CELL PHONE			PLACE OF EMPLOYMENT Local 302					
WORK PHONE		EMAIL ADDRESS Loganbu034@yahoo.com								

I, Logan Butsch, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 9/11/13 at 10:15 an unknown driver struck my parked 2000 Honda Civic in front of my house.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Logan Butsch</u>	DATE SIGNED 9/11/13	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

Incident History for: #SS13020332 Xref: #SS13020333

Case Numbers: \$SS13002275

Entered 09/11/13 10:17:05 BY SPDF24 SP0286
Dispatched 09/11/13 10:17:57 BY SPDP17 SP0120
Enroute 09/11/13 10:17:57
Onscene 09/11/13 10:19:53
Closed 09/11/13 10:37:09

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: NORT

Src: T

Loc: 1609 E LAKESHORE DR , LKS -- BOYS AND GIRLS CLU , LKS btwn 14 ST NE & 16 ST
NE (V)

Loc Info: ON E LAKESHORE DR

Name: LEWIS, DANIELLE

Addr:

Phone: 4253448502

/1017 (SP0286) ENTRY , AC, VEH VS PARKED VEH GRY DODGE TRUCK VS SIL HO
NDA TYPE CAR NON INJ, RP WAS PASSERBY NO LONGER
IN AREA
/1017 (SP0120) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/1018 ASSTER SS1910 [1609 E LAKESHORE DR , LKS]
#SS13 BROOKS, SGT (RON)
/1019 CHGLOC SS1931 [12412 16 ST NE]
/1019 (SS75) *ONSCNE SS1931
/1020 (SP0120) \$CROSS #SS13020333
/1020 DUP #SS13020333
/1020 DUP NAM: MUTTON, JACOB
PHO: 4252398786
/1023 ONSCNE SS1910
/1027 ASNCAS SS1910 \$SS13002275
/1027 (SS75) CLEAR SS1931
/1037 (SP0120) CLEAR SS1910 D/H
/1037 CLOSE SS1910